

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | J | | 07/14/01 |
| O.I.P.E. CLASSIFIER | | | 7/21/01 |
| FORMALITY REVIEW | CH | 1119 | 08-24-01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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BEST AVAILABLE COPY

901
08/24/01